

DRAFT

**VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY COMMITTEE**

Wednesday, June 12, 2019

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the Advisory Committee of the Prescription Monitoring Program was called to order at 1:02 p.m.
PRESIDING	Jeffrey Gofton, M.D., Office of the Chief Medical Examiner, Presiding
MEMBERS PRESENT:	Dan Beuglass, Pharmacist, DMAS Brenda Clarkson, Hospice and Palliative Care Tana Kaefer, Pharmacist, Bremo Pharmacy Virginia LeBaron, Assistant Professor, University of Virginia School of Nursing Radhika Manhapra, M.D., VA Hampton Medical Center Sarah Ebbers West, Riverside Health System
MEMBERS ABSENT:	Randall Clouse, Office of the Attorney General Mark Ryan, M.D., VCU Health Systems John Welch, 1SG, Virginia State Police Vacant Positions: Vacant, Pain Management Specialist, Physician Vacant, Representative, Department of Behavioral Health and Developmental Services Vacant, Representative, Department of Health
STAFF PRESENT:	Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP Jim Rutkowski, Program Counsel, Assistant Attorney General, Office of the Attorney General Ralph A. Orr, Director, Prescription Monitoring Program Ashley Carter, Deputy for Analytics, Prescription Monitoring Program Carolyn McKann, Program Deputy of Operations, Prescription Monitoring Program Guests: Laurie Forlano, Deputy Commissioner of Population Health, Virginia Department of Health Suresh Soundararajan, Acting CIO, Office of Information Management, Virginia Department of Health
WELCOME AND INTRODUCTIONS	Dr. Gofton welcomed everyone to the meeting of the Advisory Committee and all attendees introduced themselves.
APPROVAL OF AGENDA	The agenda was approved as amended.

APPROVAL OF MINUTES	The minutes for the previous meeting held March 2019 were approved as presented.
PUBLIC COMMENTS	None received.
Barbara Allison-Bryan, M.D.: DEPARTMENT OF HEALTH PROFESSIONS REPORT	<p>Dr. Allison-Bryan noted that DHP has unveiled their updated and newly designed web site. The Board of Nursing web site is the first to be complete and operational.</p> <p>Dr. Allison-Bryan reported that two work groups have been formed as a result of this year's legislative session. First, Dr. David Brown will chair a group on telemedicine. The language in proposed legislation, as introduced in the 2019 session, would have changed the definition of where services are rendered from the site of the patient to the site of the practitioner. This is problematic because, DHP would not have jurisdiction over an out of state practitioner treating a patient residing in Virginia. Dr. Allison-Bryan will serve on a work group regarding international medical graduates. While there is variability in the quality of training at medical schools internationally, many schools do provide comparable training. The workgroup will identify potential barriers for a foreign medical graduate to become licensed in Virginia. The work group aims to estimate the number of Virginians with foreign medical degrees, and desire to become licensed, but are currently working outside their field of choice due to these barriers.</p> <p>The Board of Pharmacy (BOP) was asked to report on the status of drug take-back initiatives in Virginia. For example, a Roanoke community coalition has drug collection sites in sheriff's offices and, in Fairfax, efforts are underway to require each opiate prescription be dispensed with a disposal kit.</p> <p>Dr. Allison-Bryan noted that we anticipate the pharmaceutical processors in Virginia will begin dispensing CBD and THC-A oils approximately four months after being approved to begin production by the Board of Pharmacy. All pharmaceutical processors are required to be prepared for final inspection in December 2019 as required by the conditional permit. The BOP has established procedures by which patients and prescribers must register and is registering and issuing these certifications currently.</p>
Ralph Orr: LEGISLATION AND REGULATION UPDATE	Ralph Orr discussed the scheduling of gabapentin as a result of legislation passed by the 2019 General Assembly. As of July 1, 2019, gabapentin will be a Schedule V drug in Virginia. Last year, in October, the President signed the SUPPORT for Patients and Communities Act (HR 6). One element in the legislation is requires Medicaid providers to search a PMP by prior to prescribing a controlled substance. The Department of Medical

	<p>Assistance Services (DMAS) will be issuing guidelines related to the utilization of the Prescription Monitoring Program (PMP) by Medicaid providers. HR 6 is being reviewed by several state agencies for requirements and possible funding opportunities. Virginia's PMP receives funding through a Centers for Disease Control and Prevention (CDC) grant awarded to the Virginia Department of Health (VDH); the forthcoming new project period will continue current activities and begin additional. Other federal funding available through Centers for Medicare and Medicaid Services (CMS) is primarily targeted toward initiatives already underway in Virginia.</p>
<p>Carolyn McKann: PROGRAM OPERATIONS</p>	<p>Ms. McKann discussed compliance and reviewed the attributes of each resource that PMP staff use for tracking. With respect to Clearinghouse, Ms. McKann noted that PMP staff have access to an administrative account which allows review of any file submitted by a dispenser within the preceding 30 days. Expanding the retention period beyond 30 days would impact performance of the application, but this limited timeframe is not problematic as a great majority of errors are able to be resolved expeditiously. Dispensers receive emails daily to resolve errors in submitted files. Ms. McKann confirmed that errors identified are predominately a result of data entry in response to a question from Ms. LeBaron. Ms. McKann noted that PMP staff work collaboratively with Appriss to provide user feedback as tracking tools are developed and refined. For example, the Tableau dashboard now provides greater specificity on the type of error as a result of Virginia's feedback.</p> <p>Regarding user account management, nearly 29,000 user accounts were migrated in November 2016 from the Optimum Technology platform to AWARe that have never been used. At our request, Appriss will remove these accounts. Ms. McKann reported that, once this is completed, delegate accounts without any login for the previous year will be assessed next.</p> <p>Ms. McKann reported that the PMP web site has been migrated to a new platform in order to improve navigation and accessibility. The committee was asked to peruse the site and submit feedback and/or suggestions. Lisa Speller-Davis from the Board of Nursing described their strategy in redesigning their site with particular attention to ease of navigation and prioritization of the most accessed content.</p>
<p>Ashley Carter: PROGRAM ANALYTICS</p>	<p>As a result of feedback from the last committee meeting, Ms. Carter presented analytics to include gabapentinoids as a fifth drug class in the quarterly reports, more detailed data on buprenorphine dispensations by indication (Medication Assisted Treatment, pain), and electronic prescribing for opioids. Ms. Carter discussed progress on the VDH Opioid Addiction Indicators Dashboard since the previous meeting and images</p>

<p>Ralph Orr: PROGRAM DIRECTOR REPORT</p>	<p>from the most recent demonstration. It is expected to be available online by the end of August. In developing the initial dashboard the primary intent was to provide data to the end user; this forthcoming iteration aims to use the data to ‘tell a story.’ Specific to opioid prescription data, progress toward safer prescribing practices will be presented: fewer prescriptions, at lower dosage, and for fewer days.</p> <p>Ms. Carter reported on indicators used to identify unusual prescribing/dispensing patterns and used by the Enforcement Division for PMP-initiated investigations. Analytics for both dispenser indicators were recently completed. Since indicators were established in the fall, a new analytic tool became available that quantifies distances between dispenser, prescriber, and patient. Rather than the out of state or health region metric, mileage between the centroid of each location’s zip code is a significant improvement to better identify outliers. PMP referred cases are a very small percentage of complaints received by DHP. In the three years since beginning PMP-generated investigations, about 80 cases have been docketed. During the same time period, the agency had over 15,000 complaint-driven investigations. Ms. Carter confirmed in response to a question from Ms. LeBaron that, in reviewing the indicators’ top prescribers, a prescriber specializing in oncology or hospice/palliative care is able to be identified.</p> <p>Ms. Carter provided details from two recent analyses: 1) comparison of opioid prescribing and licensed Physical Therapy workforce in Virginia’s Appalachia/non-Appalachia regions and 2) opioid prescribing by orthopaedic surgeons before and after Board of Medicine regulations were promulgated in 2016.</p> <p>Mr. Orr provided an update on the status of interstate data sharing (interoperability) with other state PMPs. He announced the recent addition of Washington state and one-way sharing with Wyoming bringing the total number of out of state PMPs with which Virginia shares data to 33. Mr. Orr noted the Virginia PMP has processed over 22.2 million requests via AWAxE, interoperability, and requests made within healthcare provider clinical workflow (integration) in January through May 2019; by comparison, total requests in calendar year 2018 totaled 33.8 million. Integration requests account for over 77% of total requests and continues to increase.</p> <p>Mr. Orr provided an update for the committee on the PMP’s participation with the Emergency Department Care Coordination (EDCC) initiative. Nine health systems in Virginia are currently integrated with the PMP with 12 other systems at various stages of integration. Mr. Orr pointed out that as of March 2019, the majority of emergency department encounters were at health systems with PMP integration.</p>
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	<p>Mr. Orr discussed another PMP initiative, the National PDMP Enhanced Data Exchange (NPEDE). The purpose of this initiative is to combine data sets such as PMP, incarceration data, overdose reversals, and other data sets to improve patient risk models and provide more granular information to healthcare providers. The current focus for the PMP is the inclusion of data related to a person's recent release from incarceration and non-fatal overdose reversals at an Emergency Department. Mr. Orr explained that it is possible that new legislation may be required to authorize the sharing of this data.</p> <p>Mr. Orr reported on the most recent release of prescriber reports. Of the approximately 30,000 prescribers who wrote at least one opioid prescription during the preceding six-month period, only about 15,000 received a prescriber report in the most recent quarterly dissemination. The primary causes of the discrepancy is incomplete specialty and invalid/missing DEA numbers in the prescriber's PMP user account. Mr. Orr announced that the format of prescriber reports is currently under review by the PMP vendor and will result in the simplification of report content and design. Initial changes will impact the July release, with the bulk of improvements coming over the next two quarters.</p> <p>Mr. Orr explained that the Board of Pharmacy is the responsible authority for the Pharmaceutical Processor program and reminded the committee that the dispensing of CBD and THC-A oils will be reported to the PMP. Information on CBD products will look very similar to other prescriptions on a PMP report with the exception of the Date Written field; which will reflect the expiration of the patient's certification for CBD or THC-A products. Reporting of dispensing will be very similar to other covered substances with few exceptions. A specific dispensing reporting guide for Pharmaceutical Processors is expected to be published in August 2019.</p>
MEETING DATES FOR 2020:	Mar 12, 2020, June 11, 2020 and September 17, 2020.
NEXT MEETING	The next meeting will be held on September 18, 2019 from 1:00 to 3:00 p.m.
ADJOURN:	With all business concluded, Dr. Gofton adjourned at 2:58 p.m.
	_____ Jeffrey Gofton, M. D., Presiding
	_____ Ralph A. Orr, Director